

CABINET MEMBER FOR HEALTH AND WELLBEING

**Venue: Town Hall,
Moorgate Street,
Rotherham. S60 2RB**

Date: Monday, 10th June, 2013

Time: 11.30 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Declarations of Interest
4. Minutes of meetings held on 15th April and 22nd May, 2013 (Pages 1 - 15)
5. Health and Wellbeing Board (Pages 16 - 28)
6. Teenage Pregnancy (Pages 29 - 31)
7. Healthwatch Rotherham - Update
8. Date and time of the next meeting: -
 - Monday, 8th July, 2013 at 11.30 a.m.

**CABINET MEMBER FOR HEALTH AND WELLBEING
15th April, 2013**

Present:- Councillor Wyatt (in the Chair); Councillors Dalton and Buckley.

An apology for absence was received from Councillor Pitchley.

K57. MINUTES OF MEETING HELD ON 11TH MARCH, 2013

Resolved:- That the minutes of the meeting held on 11th March, 2013, be approved as a correct record.

It was noted that work was taking place with regard to Food for People in Crisis Partnership (Minute No. K55 refers).

K58. HEALTH AND WELLBEING BOARD

The Chairman gave a verbal report on the main items discussed at the recent Board meeting which included:-

- The Board was now "live" since 1st April
- NEETS, Early Intervention and sharing the principles of Making Every Contact Count across all agencies/partners
- Joint Strategic Needs Assessment refresh

Discussion ensued on the Overarching Information Sharing Protocol which had now been approved by Cabinet and partners.

Resolved:- That the Overarching Information Sharing Protocol be submitted to the Health Select Commission for information.

K59. SOUTH YORKSHIRE PROBATION TRUST - OFFENDER HEALTH

David Pidwell, South Yorkshire Probation Trust, reported on the work of the Trust which was nationally recognised as 1 of the best performing Trusts in the country, together with Malc Chiddy, Drug Intervention, Public Health. They drew attention to the following:-

- The Probation Service was 1 of 35 probation trusts within England and Wales that were part of the National Offender Management Service
- There was now a Commissioning structure a direct result of which was a new regional service for those diagnosed with personality disorder. Leeds Health Trust had won the contract for South Yorkshire so there would be 2 forensic psychologists working directly for the Trust

- Recognition that offender health had been too narrowly defined for too long. It was often thought that Offender Health focussed around Doncaster and the prison cluster forgetting that the vast majority of offenders were managed in the community; there would now be funding available through that route in due course
- There were approximately 2,000 offenders in Rotherham in addition to those under the Youth Offending Service
- Some things worked very well in Rotherham such as the Court Diversion Scheme.
- The Criminal Justice Board was to hold a conference on 20th May, 2013
- Had to recognise that offenders also caused ill health and emotional distress to their victims
- Evidence showed that re-offending rates correlated to poor health status. They were users of health services via Accident and Emergency or inpatient treatment the cost of which may be better met through the GP route
- A local initiative called Offender Health Services to be developed with the Applied Health Research and Care Department from Sheffield Hallam University over the next 12 months
- The Lord Bradley report was the most recent report focussing on offender health, in the main on Mental Health and Learning Difficulties – approximately 90% of offenders had some form of psychiatric disorder
- In Rotherham an Offender Health Steering Group had been established to consider the 82 recommendations of the Bradley report, a snapshot of what was already available and what could be done. Funding had been secured to support the Youth Offending Service, to provide over 200 places for Mental Health training for front line service staff and funding to try and put services in the Custody Suite to train Drug Intervention staff on Learning Difficulties and Mental Health issues. The fund had now ended
- The Government was still committed to every Custody Suite in the country having some kind of identification for Mental Health and Learning Difficulties at point of arrest by December, 2014
- Since the Bradley report, there had been a change in Government and little emphasis has been placed on its importance

- Rotherham had trained its staff and separate assessments were to be carried out if it was thought they were required for drug/alcohol clients but it had not been required as yet
- Work was ongoing in Rotherham as it did not have a suitable Adult Service for vulnerable adults when they came into custody
- The Mental Health Team, although reduced in numbers, were still in contact with the Police
- Currently the Police Service commissioned the Mental Health Service but it had always been a concern that the Police did not have the knowledge or expertise to commission such a service and would be better for the Trust to do the commissioning

David and Malc were thanked for their report.

(Councillor Wyatt declared a personal interest in the above as he was a Non-Executive Director of the Trust)

K60. COMMUNITY ALCOHOL PARTNERSHIP - DINNINGTON

Andrea Peers, Area Partnership Manager, and Mel Howard, Public Health Alcohol Co-ordinator, reported on the work of the Dinnington Community Alcohol Partnership highlighting:-

- The issues pertinent to each community were different across the Borough
- Alcohol was a crosscutting issue and not just relevant to disadvantaged communities
- In Dinnington they had identified an area, looked at the nature of the issues within that community, looked at what was available to address the issues and where the gaps were
- Dinnington had a very clear town centre whereas East Herringthorpe/Dalton/Thrybergh did not
- There could be 1 Partnership for the whole of Rotherham but perhaps be in the form of an overarching strategy with each community creating their own action plan and needs. Each package had to be bespoke for that area ensuring it was the correct action plan and people around the table

- Dinnington had some very good charitable organisations and partnership arrangements that had worked very hard to push the action plan. Police analysts had agreed a boundary which was changed to include a park that was a problem area following feedback from the community
- The work in the schools had to include educating parents as well as young people. The Alcohol Education Trust provided all the teaching packs for the 11-16 year olds
- Retailer training. Retailers were part of the solution and not part of the problem. Drink Aware were on board also. The Government consultation on minimum price for alcohol had closed but the outcome was not known as yet
- The first retailers meeting had been held. They had a number of concerns from a different angle but the solutions were quite similar. They would like to reinstate Shop Watch
- Need to ensure the Licensing Board were on board with Challenge 25
- Many crossovers with underage tobacco sales – made sense to include in the training

Resolved – (1) That the Licensing Committee be asked to consider including Challenge 25 as part of all license applications and for premises to maintain a “challenge” book as well as a refusals book.

(2) That consideration be given to Challenge 25 being included as a Performance Indicator for the Alcohol Priority of the Health and Wellbeing Strategy.

K61. AIR QUALITY - LOCAL AND PUBLIC HEALTH IMPACT

Lewis Coates, Community Protection Officer, presented the current position with regard to air quality in Rotherham, the possible effects on health and the proposed future approach to tackle the problem.

The Council was required to fulfil its statutory duties under the Environment Act 1995 relating to the improvement of ambient air quality and to carry out regular reviews and assessment against the standards and objectives of the National Air Quality Strategy.

Currently the Council was prioritised solely to meet the duties with resources accordingly focussed towards the 5 declared Air Quality Management Areas in Rotherham. An annual performance report was required by the Department for Environment, Food and Rural Affairs (DEFRA) to demonstrate that the Council was achieving its statutory obligations.

DEFRA was to publish a consultation to review Local Air Quality Management detailing the statutory framework for local authority air quality review and assessment work. This was likely to suggest a range of options including business as usual, stronger focus on action planning and stronger alignment with EU requirements to meet air quality limit values.

A detailed Health Impact Assessment was being undertaken in Rotherham, led by Rotherham Public Health, with the Community Protection Unit providing input in the form of air quality data and project implementation. The Assessment would examine any potential links between air quality and health with the scope of health impacts including stroke, cardio vascular disease, coronary heart disease, respiratory disease, lung cancer, life expectancy, population survival, respiratory disease, infant mortality and daily mortality. The expected completion of the project was late 2013.

There were also a number of land use and transport development proposals which would require assessment of their environmental impact e.g. proposed opencast site at Hesley Wood and the Waverley development. It was noted that monitoring would take place on a regular basis at the proposed Hesley Wood development site. If any significant changes were recorded, immediate contact would be made with Sheffield City Council.

Resolved:- (1) That a further report and action plan be submitted on the findings of the finalised Health Impact Assessment.

(2) That a further report be submitted on the introduction of the Government's proposals with regard to Local Air Quality Management and future statutory framework for local authority air quality review and assessment work.

(3) That investigation take place into the statistics for the Catcliffe/Brinsworth and Fitzwilliam Road areas with regard to Asthma rates.

K62. HEALTHWATCH

Clare Burton, Commissioning Officer, submitted a report on the progress achieved since the awarding of the Healthwatch contract to Parkwood Healthcare Ltd. following the re-tendering process. Attention was drawn to:-

Contract Terms

Due to the timescales of the re-tendering process, the current contract had been issued to Parkwood Healthcare Ltd. to deliver Healthwatch Rotherham and to set up a new company to operate as a social enterprise. Once the infrastructure for Healthwatch Rotherham had been established, a contract novation would take place.

The contract is for 2 years with an option to extend for a further year (subject to the funding being available). The annual value of the contract was £220,000.

Progress on Implementing the Service

Monthly performance and contract management meetings with the Operational Manager, Parkwood Healthcare, would take place throughout the life of the contract

All the posts were to be appointed locally – Healthwatch Manager, Community Engagement Officers and Research and Information Officer.

Recruitment to the Chair and representatives of the Healthwatch Rotherham Board

The role of Chair had been advertised and applications received. It was anticipated that the interview panel would include Elected Members. Once appointed, the Chair would be nominated as a member of the Health and Wellbeing Board.

A Healthwatch Rotherham Board was to be established and would consist of representatives from the Rotherham community and stakeholder groups.

It was suggested that the job vacancies be advertised on the Council's vacancy bulletin.

Resolved:- (1) That the appointment of Parkwood Healthcare Ltd. be noted.

(2) That the progress achieved in developing Healthwatch Rotherham be noted.

(3) That further reports on performance and progress be submitted.

K63. HEALTH AND WELLBEING CONFERENCE

Kate Green, Policy Officer, gave an update on the arrangements for the Health and Wellbeing Conference to be held on 17th April, 2013.

There were now 93 confirmed attendees for the conference with approximately 70 having expressed an interest in the workshop.

Resolved:- That the report be noted.

**CABINET MEMBER FOR HEALTH AND WELLBEING
22nd May, 2013**

Present:- Councillor Wyatt (in the Chair) and Councillor Dalton.

Apologies for absence were received from Councillors Buckley, Steele and Tweed.

K64. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

K65. EXCLUSION OF THE PRESS AND PUBLIC

Resolved: - That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (as amended 2006 – information relates to finance and business affairs).

**K66. RECRUITMENT OF CHAIRPERSON FOR HEALTHWATCH
ROTHERHAM**

The Chairman welcomed Chris Smith, Parkwood Healthcare to the meeting.

Discussion ensued on the current position with regard to the recruitment of Chairperson and Directors for the Healthwatch Rotherham Board.

It was noted that the Healthwatch Rotherham Manager was now in post and was working across the community. She was actively drawing attention to the Healthwatch Board and the position of Chairperson.

Resolved:- (1) That position of Chairperson and Directors for Healthwatch Rotherham be advertised as widely as possible.

(2) That further discussions take place should the recruitment process be unsuccessful.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING TO
ENABLE THE APPROPRIATE ARRANGEMENTS TO BE MADE.)**

K67. EVENTS

Resolved:- (1) That Councillor Tweed be authorised to attend an event to be held in the House of Lords on 4th June, 2013, by the Brook and Family Planning Association entitled Sexual Health in the new landscape.

(2) That Councillor Wyatt (or substitute) be authorised to attend an event to be held in the House of Commons on 25th June, 2013, by the All Party Osteoporosis Group.

Asthma Hospital Admissions Compared to Estimated Background Air Pollution
Asthma Hospital Admission Rates by Rotherham Wards 2007/08 - 2011/12 (5 years)
Estimated Background Air Pollution 2010 Data by Rotherham Wards

Ward	Estimated Background Air Pollution 2010 (Average annual mean concentration)				Asthma Admissions Rate per 100,000		
	NO2	NOx	PM10	PM2.5	Child (a)	All Ages (b)	
					(0-18 yrs)	Total	Emerg
Anston and Woodsetts	16.3	23.4	17.5	11.0	197.4	95.8	84.5
Boston Castle	31.5	54.2	18.3	13.1	242.2	144.9	141.5
Brinsworth and Catcliffe	27.9	45.1	18.0	12.6	106.8	97.5	95.9
Dinnington	15.9	22.8	17.8	10.9	98.5	81.4	77.0
Hellaby	23.4	36.1	19.4	12.4	111.1	60.0	60.0
Holderness	21.6	32.7	18.2	11.8	159.3	123.7	122.5
Hoober	16.7	23.9	16.3	10.8	191.6	115.6	115.6
Keppel	19.4	28.7	16.0	11.0	259.3	158.7	153.4
Maltby	15.7	22.5	17.5	10.9	117.3	122.9	114.5
Rawmarsh	21.5	32.9	16.7	11.6	133.2	109.6	104.4
Rother Vale	20.7	31.0	17.4	11.4	222.2	120.4	116.1
Rotherham East	27.9	45.9	17.5	12.5	238.2	153.2	150.4
Rotherham West	27.5	45.5	17.8	12.7	263.9	145.2	143.6
Silverwood	18.3	26.7	17.2	11.2	101.1	65.4	61.3
Sitwell	23.9	37.0	18.7	12.2	230.3	122.8	118.1
Swinton	19.9	29.6	16.2	11.2	179.5	138.1	114.9
Valley	21.5	32.6	17.2	11.7	207.9	145.6	141.4
Wales	18.6	27.6	18.0	11.3	252.0	148.0	148.0
Wath	18.3	26.7	16.4	11.0	215.7	160.2	158.6
Wickersley	22.5	34.2	17.8	12.1	149.1	130.1	128.5
Wingfield	20.0	29.8	16.5	11.2	117.8	129.0	123.8
Total (Rotherham)	19.6	29.5	17.5	11.4	183.1	122.8	118.4

Source: Estimated background air pollution data via DEFRA, hospital admissions via SUS.

Notes

Air pollution data based on ambient monitoring and meteorological data for 2010.

Total annual mean concentrations based on 1km x 1km grid squares. (Concentrations in ug.m-3)

Ward data represents average of data for 1km squares with centre point within the ward.


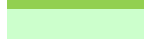



NO2 - nitrogen dioxide, NOx - nitrogen oxide, PM10/2.5 - particulate matter (up to 10/2.5 micrometres in size)

Hospital admissions for adults looked at in terms of total admissions (elective and emergency), emergency only and counting patients rather than admissions to try to better highlight the prevalence in an area.

(a) Crude rate per 100,000 children aged 0-18.

(b) Directly age-standardised rate per 100,000.

Data colour coded by sorting from lowest to highest:

lowest fifth		4 wards
second lowest		4 wards
middle		5 wards
second highest		4 wards
highest		4 wards

Comment

There appears to be some correlation between air pollution and asthma hospital admissions e.g.:
Anston & Woodsetts and Dinnington wards have low rates of air pollution and asthma
Boston Castle, Rotherham East and Rotherham West wards have high rates for both.
In contrast, Wath ward has lower levels of air pollution but higher asthma rates and
Hellaby ward has higher levels of air pollution and lower asthma rates.

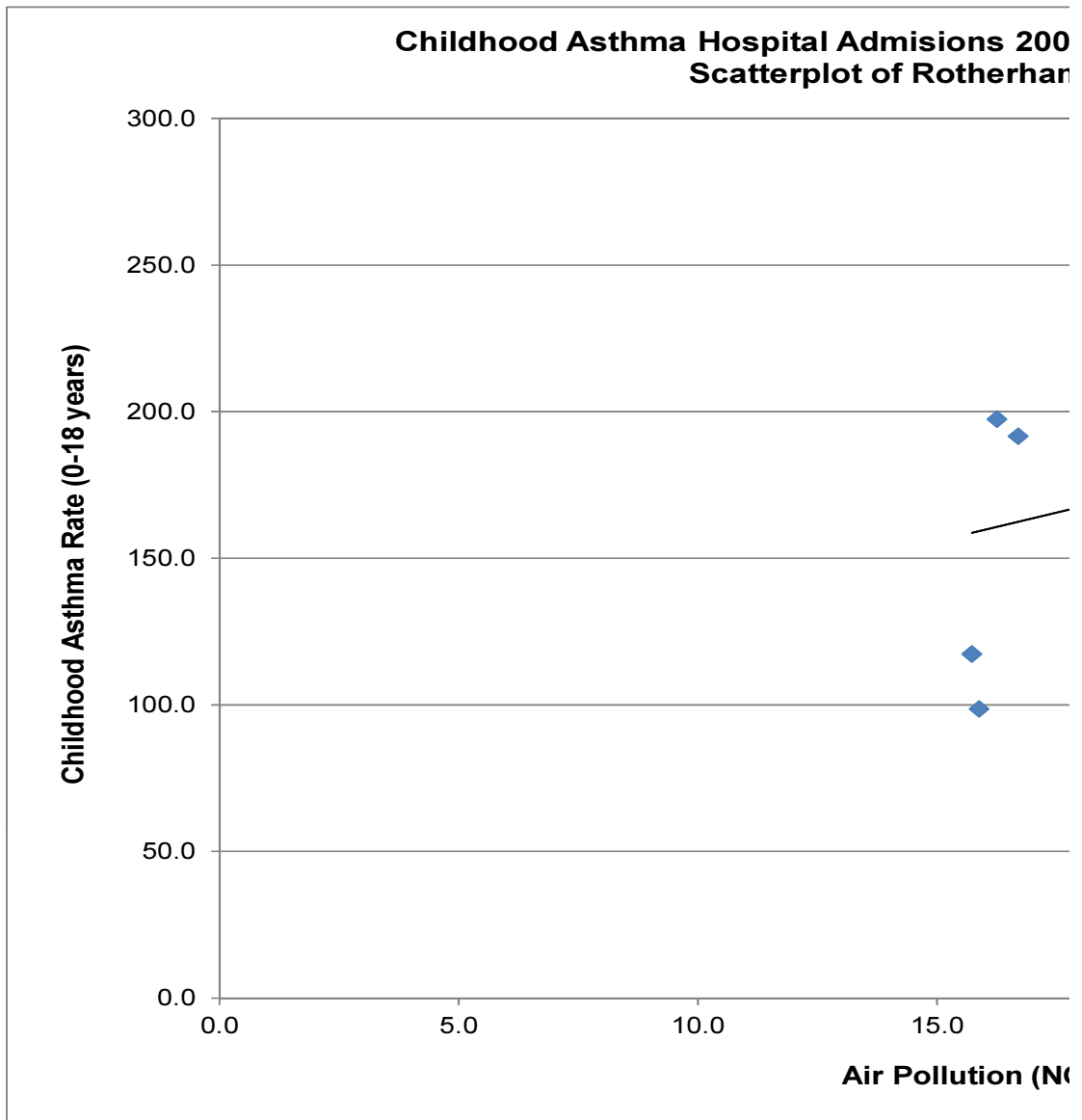
The following charts check on the correlation between air pollution and asthma rates.

100,000
Patients
61.1
114.4
71.8
67.3
52.0
76.0
96.9
97.0
77.3
88.9
98.1
124.0
109.0
55.8
77.0
91.0
106.1
115.1
90.9
87.3
101.7
89.2

e)

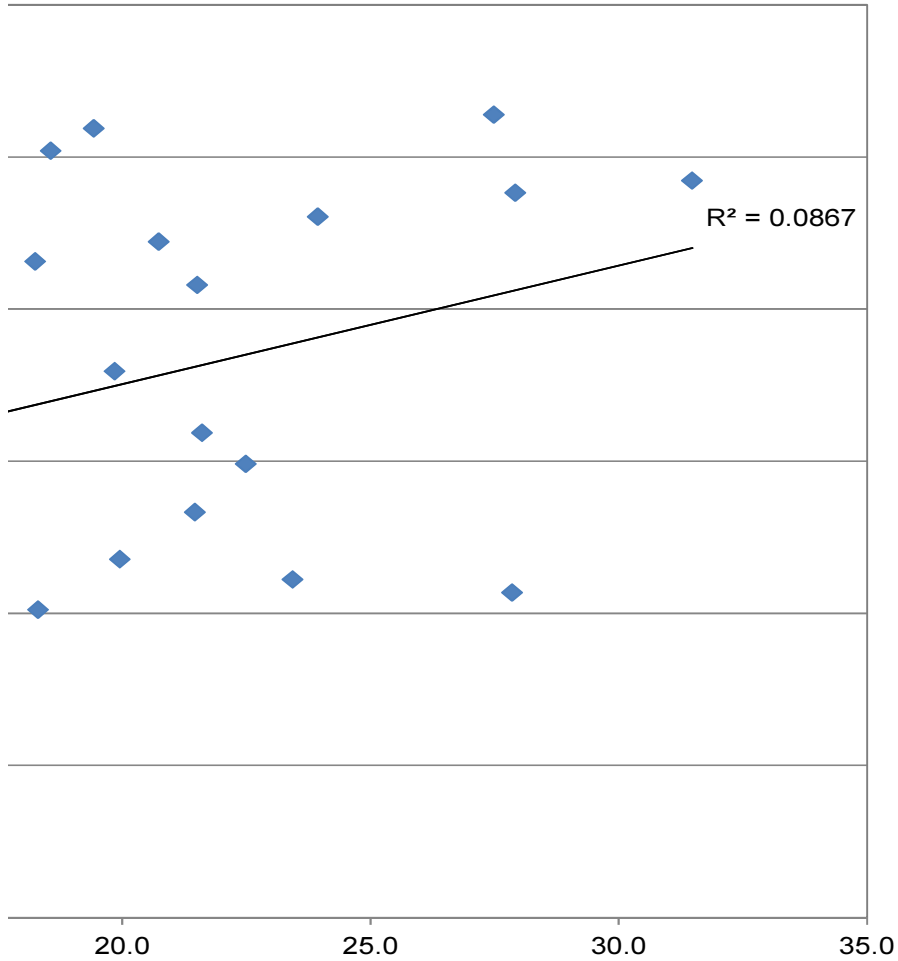
area.

In the chart below the trendline shows a positive correlation between air pollution (nitrogen dioxide) in air pollution is associated with an increase in childhood asthma hospital admission rates. However, a change in childhood asthma hospital admission rates can be explained by the change in air pollution. Thus the data suggests the link is fairly weak.



nitrogen dioxide) and childhood asthma hospital admission rates i.e. an increase in pollution. The R squared value shows the strength of the association i.e. 8.67% of the variation in asthma hospital admission rates is explained by the variation in pollution. This is more robust the closer the R squared value is to 1.0

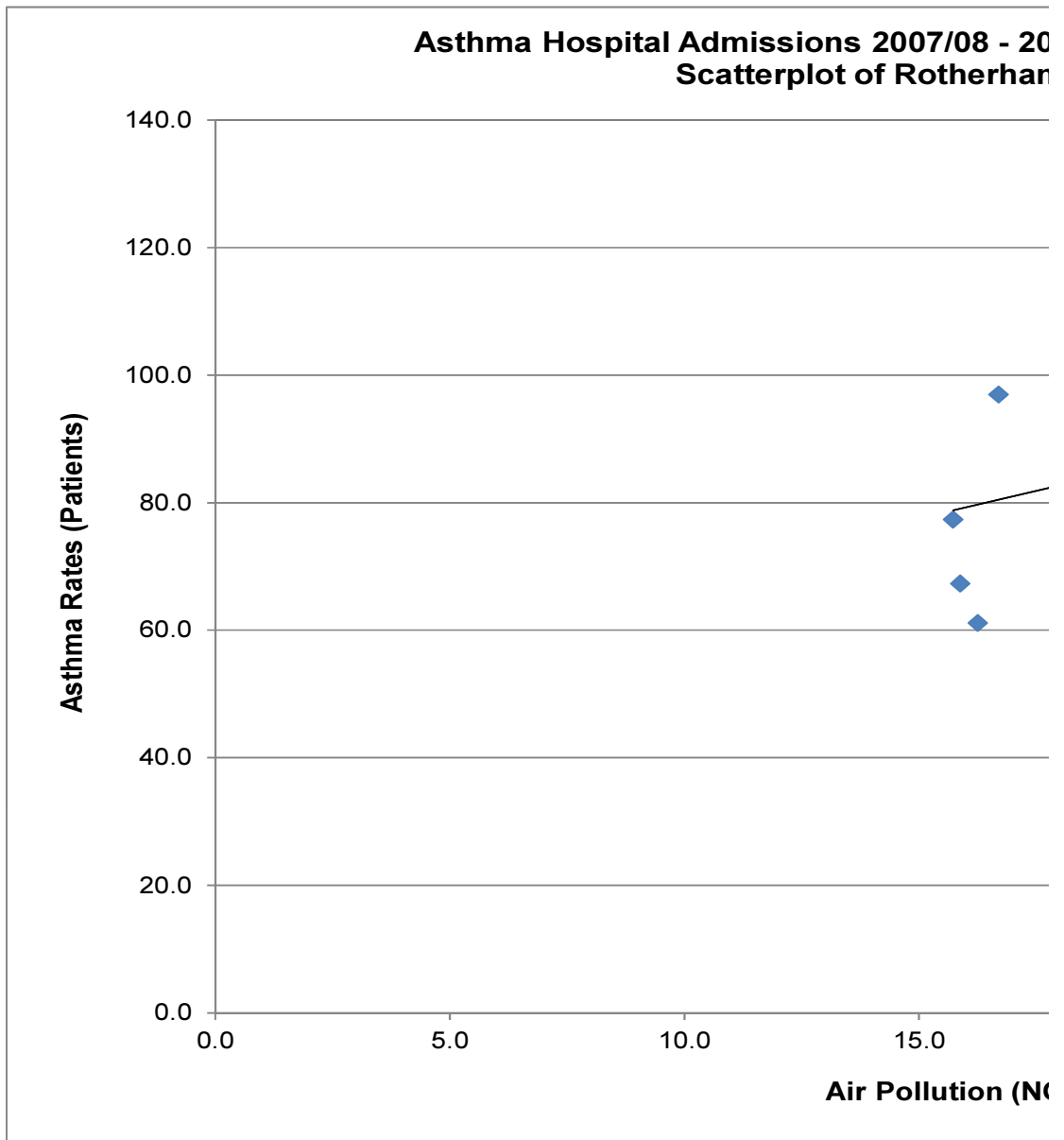
Figure 10: Childhood asthma hospital admission rates (2007/08 - 2011/12) and Air Pollution 2010 in Electoral Wards



02)

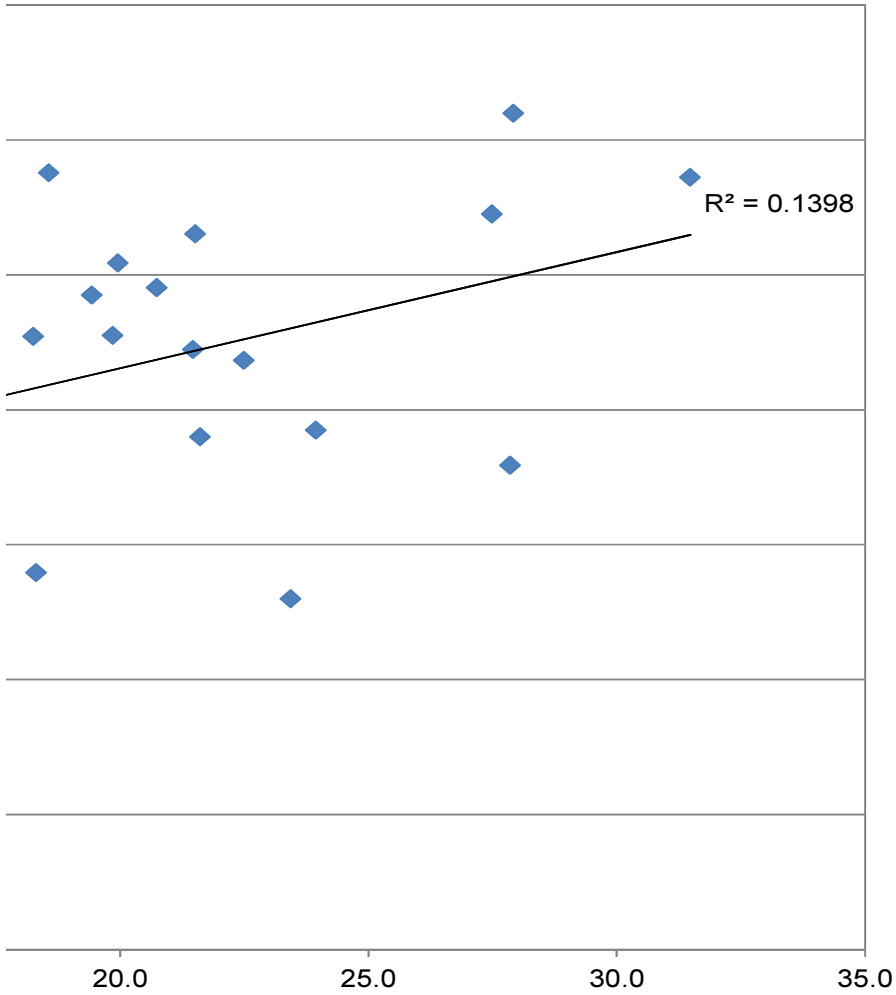
Source: DEFRA, SUS

In the chart below the trendline shows a positive correlation between air pollution (nitrogen dioxide) and asthma hospital admission rates. The R square value is 0.12, which means that only 12% of the change in asthma hospital admission rates can be explained by the change in air pollution. Thus the data suggests the link is fairly weak.



nitrogen dioxide) and asthma hospital admission rates i.e. an increase in the R squared value shows the strength of the association i.e. 13.98% of the variance in asthma hospital admission rates is explained by nitrogen dioxide. This is more robust the closer the R squared value is to 1.0

Relationship between Nitrogen Dioxide (NO2) and Air Pollution 2010 (NO2) in Electoral Wards



O2)

Source: DEFRA, SUS

HEALTH AND WELLBEING BOARD
Wednesday, 8th May, 2013

Present:-**Members**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Brian Hughes	Director of Performance and Accountability, National Commissioning Board
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Stuart Booth	Director of Financial Services
Alison Iliff	Public Health Specialist
Ian Jerrams	RDaSH
Clair Pyper	Interim Director, Safeguarding Children and Families
Dr. Richard Turner	Rotherham Clinical Commissioning Group
Chrissy Wright	Commissioning Manager, RMBC

Observers:-

Penny Fairman, local pharmaceutical company
 Richard Hackett, Rotherham Local Pharmaceutical Committee
 Dr. Kamal, CCG representative for Yorkshire and Humber
 Natalie Yarrow
 Sharon Hellewell, Supporter

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications, NHS Rotherham
Dawn Mitchell	Democratic Services, RMBC

S85. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes be approved as a true record.

Arising from Minute No. S76 (Healthwatch), it was noted that the interviews for the position of Chair were to be held the following week.

Arising from Minute No. S80 (Joint Strategic Needs Assessment), Councillor Lakin questioned whether the refresh should look at Planning

and Licensing policies and procedures for fastfood outlets and the sale of alcohol.

John Radford reported that discussions were underway on this issue with a report to be submitted to a future meeting.

Arising from Minute No. S81 (Making Every Contact Count), it was reported that the steering group had met to work through the practicalities of what would be appropriate intervention/sign posting/advice given the different professionals that were involved. An action plan was being drawn up, which would be submitted to a future meeting, containing the outcomes and outputs that contributed to the health and wellbeing of the Borough.

S86. COMMUNICATIONS

(1) Disabled Children's Charter

A request had been received from The Children's Trust Tadworth that the Board sign the Disabled Children's Charter.

Claire Pyper, Interim Director, Safeguarding Children and Families, reported that the Authority already had a Charter for Disabled Children which had been agreed with the Parents and Carers Forum.

The Disabled Children's Charter was being developed nationally for Health and Wellbeing Boards to ensure that they had integrated services for disabled children within their Priorities. It recognised the additional support that parents and carers of disabled children/young people needed together with the universal services they were entitled to as well and the link into transitional services into Adult Services. It stressed the importance of good governance but also placed real emphasis on making sure Boards focussed on the Charter and within the Joint Strategic Needs Assessment so there was an awareness of the needs in the area.

It was proposed that work would take place on ensuring that Rotherham's current Charter linked with the national Charter.

It was noted that the Charter had not been considered by the Children, Young People and Families Partnership as yet.

Resolved:- (a) That the Disabled Children's Charter be submitted to the next meeting of the Children, Young People and Families Partnership.

(b) That, subject to the agreement of the Children, Young People and Families Partnership, the Board be minded to sign the Disabled Children's Charter.

(2) Teenage Pregnancy Conference

Board members were provided with a report on the above conference attended by Councillor Dalton.

The report was also to be forwarded to the Health and Improving Lives Select Commissions for information.

S87. NHS ENGLAND

Brian Hughes, National Commissioning Board, presented a report on NHS England (formerly the NHS Commissioning Board) which had become operative as from 1st April, 2013, illustrating:-

Purpose

- Create the culture and conditions for health and care services and staff to deliver the highest standard of care
- Ensure that valuable public resources were used effectively to get the best outcomes for individuals, communities and society for now and for future generations

Objectives

- Priority – improving patient satisfaction
- Priority – improving staff satisfaction
- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring people had a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Promoting equality and reducing inequalities in health outcomes
- Enabling more people to know their NHS Constitution rights and pledges
- Becoming an excellent organisation
- Ensuring quality financial management

Functions

- Oversight, facilitation, co-ordination and leadership
- Direct commissioning
- Supporting the commissioning system
- Emergency planning, resilience and response

Organisation

- 1 national public body working to 1 operating model
- 1 national support centre, 4 regions and 37 Area Teams – South Yorkshire and Bassetlaw covered Rotherham
- Specialised commissioning was carried out by 10 of the 27 teams

Discussion ensued with the following issues raised:-

- Was there sufficient dental provision within Rotherham compared to other areas?
- Was the number of GP practices in Rotherham comparable with other areas?

Brian undertook to look into the 2 matters and report back to the Chairman.

Resolved:- That the report be noted.

S88. COMMISSIONING PLANS

Council's Budget 2013/14

In accordance with Minute No. S74, Stuart Booth, Director of Financial Services, gave the following powerpoint presentation:-

Meeting the Financial Challenge – An overview of the Council's Budget 2013/14 and beyond

- The scale of financial challenges/risks facing local government was set to continue for at least until 2017 (possibly a decade)
- Increasing financial risk transferred to local councils through the Local Government Finance and Welfare Changes and restrictions on finances
- Sustainable medium/long term financial planning was now even more critical
- The lack of financial certainty e.g. the next Spending Review was only to be announced in late June, 2013, and the likelihood of further finance reform/restrictions made financial planning extremely difficult

What this meant for Rotherham

- Never faced such financial challenges before...
 - 2010/11 £5m (emergency budget)
 - 2011/12 £30m
 - 2012/13 £20m
 - 2013/14 £20m
 - 2014/15 £20m+?
 - 2015/16 £??m
- Localisation could have significant, adverse impact on future Council resources

Approach Taken

- Established a **clear set** of budget principles
- **Started early** in redesigning services and budget.....reduced head count in last 2 years by over 1,000 and had pushed back the financial 'cliff edge' into later years (2015/16?)
- **Strategic re-positioning** and re-integration of its partnerships e.g. RBT and 2010 Rotherham allowing further savings to be made

- Focus on reducing the 'back office' to a minimum level – over 15% reduction in last 2 years
- Concentrated on **reducing management** posts which had reduced by 26% at Director level and 43% from next tier - overall management reduction of 19%; while front line reduction has only been 8%.

Rotherham's 2013/14 Budget Challenge

- **Initial Funding Gap in MTFS** **£14.1m**
- Additional challenges (October):
 - o Specific grants rolled into Formula Grant at reduced levels (net)
 - +£2.9m
 - o Freezing Council Tax +£2.2m
 - o CTRS 8.5% max pass through to working age claimants
 - +£1.0m
- **Revised Funding Gap** **£20.2m**

Meeting the Challenge

- By working together with a clear set of budget principles, we have managed to meet the budget challenge while protecting front line services and those most in need in the Borough, and minimising job losses
- Over 70% (c£14M) of savings proposals did not affect front line service delivery - key examples being:
 - Reviewing inflationary assumptions (£4M) and MTFS assumptions (£0.9m)
 - Further back office streamlining (£2.2M)
 - Rationalising customer access (£0.5M)
 - Realising benefits from improved cash flow management (£2.4M)
 - Maximising opportunities through joint working on Public Health/NHS (£0.8M)
 - Working with partner organisations to improve efficiency (£1M)
 - Maximise income from other sources (£0.8M)
- The remaining savings would come from:
 - Front Line Services:
 - Children and Young Peoples £1.776M
 - Neighbourhoods and Adult Social Care £2.974M
 - EDS (excl Customer contact) £1.000M
 - Staff savings to be agreed with TUs £0.300M
 - Critical Friend Reviews of Front line services £0.341M
- Further job losses expected to be contained at 50 to 60 FTEs
- Accepted the Council Tax Freeze Scheme – to protect low income families who were vulnerable in the Borough
- Designed Council Tax Reduction Scheme (CTRS) to protect vulnerable groups by retaining income disregards, allowances and premiums and by taking up the Government's Transitional Grant Support Scheme.
- Used reform of Council Tax discounts and exemptions to minimise cost of CTRS to working age claimants – likely cost £1.56 per week in a Band A property

- Maintaining Financial Resilience through:
 - Sustainable budgeting
 - Effective, medium term management of reserves to meet future significant risks – circa £7M General Reserve

RMBC Revenue Expenditure 2013/14

			Summary
Directorate	Gross Expenditure	Gross Income	Net Expenditure
CYPS	276,238,494	-230,824,494	45,414,000
EDS	80,133,120	-29,462,201	50,670,920
NAS	125,248,989	-50,291,989	74,957,000
Resources	156,392,212	-129,777,697	26,614,516
Central	35,417,273	-11,599,708	23,817,565
	673,430,087	-451,956,689	221,474,000

RMBC Directorate's Net Revenue Budget 2013/14 £221.474m

- Children and Young Peoples Services £45.4M
- Environment and Development Services £34.8M
- Neighbourhoods and Adult Services £75M
- Resources £24M
- Levies etc. £19.2M
- Other Services £23.1M

RMBC Income 2013/14

- Dedicated Schools Grant 27.7%
- Formula Grant 20.85%
- Council Tax Reduction Scheme Transitional Grant 0.07%
- Fees, Charges and other Grants 39.84% (includes Public Health grant £13.78M)
- Collection Fund Surplus 0.21%
- Council Tax 11.62%
- Council Tax Freeze Grant 0.14%

Future Years – Financial Challenge

- Significant reductions in resources were anticipated for 2014/15 nationally - a reduction of 8.6% was planned - in Rotherham 9.1%
- Next Spending Review to be announced ...by end June 2013
- Chancellors view.....austerity programme needed to be extended until (at least) 2018 – Autumn Statement
- Further restrictions on finances may come forward – e.g. more stringent Council Tax referenda principles for those **not accepting** Council Tax Freeze grant have been muted
- Further reform of Local Government Finance bringing about a further transfer of risk to Local Government Finances
- Impact of localisation of Business Rates – first year?
- Other likely Formula Funding changes e.g. Education, Social Care

- Impact on local economy of Welfare Reform changes e.g. Council Tax Reform Scheme, Bedroom Tax etc. including need to annually review Council Tax Reform Scheme; loss of Transitional Grant (£0.5m); introduction of Universal Credits
- Impact of Triennial Revaluation of LG Pension Fund – April 2014
- Pressure to prioritise local economic growth initiatives to stimulate the local economy

Discussion ensued on the presentation with the following issues raised/clarified:-

- The impact of the Bedroom Tax was not known as yet
- Evidence had shown that incoming Governments did not reverse the spending plans of the previous Government
- High Needs Block in CYPS (Special Educational Needs, Behavioural Support Services etc.) had been identified as under pressure in the region of £.5M. This could be further challenged when assessments of children had been carried out as part of the new academic year

Stuart was thanked for his presentation.

Public Health

Dr. John Radford presented the 2013/14 Spending Plan and the Plan for Developing 2014/15 Commissioning Intentions as follows:-

2013/14 Spending Plan

- Total Income £13,983,338
- Public Health Grant £13,790,300
- Other Income £193,038

Planned Spending

- Total £13,983,338
- Contracted Services £11,996,638
- Advice Functions £1,112,706
- In-House Services £322,420
- Running Costs £551,573

Breakdown of Planned Spending

- Drug and Alcohol advice 2%
- Drug and Alcohol Contracts 30%
- Health Improvement Contracts 23%
- Health Improvement advice 2%
- Health Improvement services 1%
- Health Protection Contracts 27%
- Health Protection advice 1%
- Other Contracts 5%
- Other 9%
 - Healthcare Public Health Contracts 1%
 - Healthcare Public Health Advice 2%

- Creative Media Services 1%
- Director of Public Health 1%
- Running Costs 4%

Running Costs - £551,573

- Pay 25%
- Non-pay 26%
- Central Charges/Overheads 49%

Discussion ensued on the presentation with the following issues raised/clarified:-

- The Department of Health Grant had to be separately accounted for by the Council
- Need to review how contracts were placed and the way Services were delivered for 2014/15
- In 2014/15 needed to balance drug and alcohol spend – currently the majority of spend was currently on Drug Treatment Services and whether that needed realigning more towards prevention services and the very small amount currently spent on Alcohol Services
- NHS Health Checks were very important and could make a significant impact on identifying people with existing conditions. Performance was very good but people were not systematically identified and offered a Health Check
- There had been quite a wide range of work going on over the Authority as a whole in connection with Roma/Slovakian health issues. Rotherham had lead on a Yorkshire and Humber-wide funded pilot programme for Roma health champions which had just finished. A report would be produced on what the benefits had been and what had not worked so well. At the moment there was no identified funding. It was included in the Joint Strategic Needs Assessment as a priority

John was thanked for his presentation.

RMBC Commissioning Priorities

Chrissy Wright, Strategic Commissioning Manager, presented a report setting out the proposals for the 2013/14 Council commissioning priorities that met the identified priorities for the Council's Directorates, Children, Young People and Families Partnership and Adult Partnership and aligned to the Health and Wellbeing Strategy.

The focus of the commissioning priorities were as follows:-

Children and Young People Services – Starting Well and Developing Well
Adult Services – Living and Working Well and Aging and Dying Well

For 2013/14 all commissioning activity and reviews not included in the priorities would be set out in Strategic Commissioning work plans. The plans would grow with new activities and change as work progressed.

Discussion ensued on the report with the following issue raised/clarified:-

- Work on the Dementia Strategy was underway but was a very complex area of work

Discussion ensued on the need to ensure alignment for commissioning, rationalise how and what was commissioned and how to create efficiencies in the system as well as learning from the successes there currently was in terms of commissioning. It was suggested that a steering group be established to ensure linkage of activity to achieve the different objectives.

Resolved:- (1) That representatives from the Health and Well Being Steering Group are asked identify a set of overarching principles to establish better alignment and coherence of commissioning activities.

(2) That Kate Green be congratulated on her efforts in organising the Heart Town Run in Clifton Park.

S89. WORKSTREAM PROGRESS - DEPENDENCE TO INDEPENDENCE

Shona McFarlane, Director of Health and Wellbeing gave the following powerpoint presentation:-

Dependence-Independence

- Rotherham people and families would increasingly identify their own needs and choose solutions which were best suited to their personal circumstances

What needs to change to achieve this?

- A significant shift towards self-care and self-management and use of Assistive Technology/Telehealth
- Commissioners to review and evaluate plans and approaches to ensure that independence was promoted
- A defined and agreed approach to risk taking, risk sharing. Needed to move away from defensive decisions which historically had focused on avoiding risk and towards defensible decisions. A critical shift in thinking
- Co-production, customers at the centre

Priority One

We will change the culture of staff from simply 'doing' things for people to encourage and prolong independence and self-care

Actions

- Personal health budgets workstream was on target
- Assistive Technology Strategy had been drafted
- Self-Care work group initiated

Progress

- We will embed a culture through the development of workforce development strategies shared by all relevant agencies that emphasises the promotion of independence and social inclusion – started
- Benchmark workforce development plans
- Identify tools available to support staff to achieve independence and supported risk-taking
- Empower people to remain in control of their lives by embedding approaches such as self-care, self-directed support and personal health budgets

Priority Two

We will seek out the community champions and support them with appropriate resources, to take action and organise activities

Progress

- Engage with key community groups to identify current activity
- Ageing Better bid to Lottery Fund

Priority Three

We will support and enable people to step up and step down through a range of statutory, voluntary and community services, appropriate to their needs

Progress

- We will check and challenge commissioning strategies to ensure they reflect this aspiration – programme in place
- Engagement with voluntary sector taking place

Priority Four

We will properly enable people to become independent and celebrate independence. A longer term goal but some areas have begun to work this object in already

Action

- Young People's Achievements, conference, apprenticeship celebration event
- Reshape News
- Making recovery (alcohol) more visible through events such as Recoverfest

Health and Wellbeing Board Actions

- Commissioners needed to ensure that all commissioning strategies reflect and enable this outcome consistently

- Commissioners needed to find ways to incentivise providers to promote/achieve independence with customers and providers
- Having a shared commitment to the risks and opportunities that the commitment provided – helping people to help themselves could mean saying ‘no’ to some
- Ensuring that the significant culture change was embedded

Challenges

- Achieving significant culture change at a time where Welfare Reforms may be driving dependence
- Partners having a consistent approach to customers and understanding when one part of the system said no
- Understanding the behaviours that underpinned and drove dependence
- Engaging effectively and honestly with citizens

Shona was thanked for her presentation.

S90. LOCALLY DETERMINED PRIORITY MEASURE: SMOKING

Alison Iliff, Public Health Specialist, gave the following powerpoint presentation:-

Why is tobacco a priority?

- Smoking rates were above the national average and had plateaued
- Young people’s smoking rates were higher than the national average
- Smoking in pregnancy rate were still very high
- Could have serious health consequences and impacts on the economy
- Tobacco was the only product that, when used as the manufacturer directs, killed 50% of its consumers

Health Consequences: Preventable Deaths in Rotherham 2011

- Smoking 488
- Obesity 171
- Alcohol 36
- Suicide 16
- Traffic 4
- Assault 5

Tobacco: Intervention Pyramid

- Social norms
- Restrict supply
- Health intervention
- Illness treatment

What do we need to do?

- Deliver and fund a comprehensive programme of tobacco control:-
 - Raise public awareness
 - De-normalise smoking – smoke-free homes, smoke-free play areas
 - Prevent access to cheap and illicit tobacco
 - Stop children and young people starting to smoke
 - Help smokers to stop and to engage with services

Challenges

- Changing behaviour amongst those that most need to change
- Believe that cheap and illicit tobacco was a 'Robin Hood' crime
- Electronic cigarettes – less known harms than smoking but long term safety unclear
- Acceptance that the current service provision needed radical change

Rotherham Tobacco Control Alliance wanted Board members to:-

- Recognise that smoking was not only a Public Health issue but should also be part of funded clinical treatment pathways
- Support collaborative commissioning across South Yorkshire

Discussion ensued with the following issues raised/clarified:-

- Nothing in Queen's Speech about "plain" packaging for cigarettes – Legislation about "plain" packaging would boost the work of local authorities/Tobacco Alliance
- Electronic cigarettes – less known harms but long term safety was not known
- Smoke Free Charter – all organisations would sign up to 4/5 key points around smoking and tobacco control which were very achievable with regard to promoting support for stopping smoking, the risks of second hand smoke and a Smoke Free Champion in the workforce. Most of the Charters included a clause where staff visiting a client's home, a requirement that the client would be asked to make the room to be visited smoke free for 30 minutes prior to the visit taking place

Alison was thanked for her presentation.

Resolved:- (1) That partners should contribute to the prevention of uptake in children and young people through the promotion of smoke-free spaces and smoke-free social norms.

(2) That a Rotherham Smokefree Charter be adopted and promoted.

(3) That minutes of the Tobacco Control Alliance be submitted to the Board in future.

S91. DATE OF NEXT MEETING

Agreed:- That further meetings of the Health and Wellbeing Board for 2013 be held on Wednesdays, commencing at 1.00 p.m. in the Rotherham Town Hall as follows:-

12th June
10th July
25th September
23rd October
27th November
18th December
22nd January, 2014 (9.30 a.m.)
19th February
26th March
30th April

Teenage pregnancy conference LGA April 2013
Notes

Speaker 1 Dr Ann Hoskins Director of Public health England Nationally TP levels have fallen by 34% still looking for 50% reduction TP Linked to deprivation, look at Tackling inequalities And Educational attainment Looked after children 3x more likely to become teenage parents.

Teenagers with previous pregnancy 20% more likely to have a 2nd child
Drinking. Smoking. Drug use disengagement from school. Crime and antisocial behaviour. All lead to risky sexual behaviour

15% of Neets are teenage mothers or pregnant

She talked about Public health outcomes framework and about only being 3 weeks into Public health England. she talked about Using social media for getting messages out and about Life course perspective, measuring the costs of children born to teenage mums against costs on preventative measures.

New guidance on information sharing coming out shortly Speaker 2 Dr deGruchy DoPH Haringey Their JSNA. Is published in Mini chapters giving bite sized chunks of information.

TP is a signal marker for other issues

Reproductive health is also Part of Sexual health joining up services across health and LA.

Posters promoting Emergency hormonal contraception Also promoting a Young people phone app called young +healthy

Use of school nursing and link to commissioning of Health visitors, gives advice
Link to regeneration to support funding

Haringey council. Source for posters.

3. Morag Stewart D o PH Luton

Promotes the use of commissioning cycle. Starts with strategic planning and is not just about procurement.

Young people surveyed. "being young in Luton" giving a comprehensive view of YP needs and wants, included some surveys of parents.

Following survey commissioned a Sexual health service for YP which is YP friendly, Integrated and Accessible

Procured from Brook. Outcomes based block contract, monitored and evaluated against KPIs Achieved reduction in TP rate, increased new diagnosis of HIV and chlamydia. Increase in use of contraception and routine chlamydia screening. There were some Challenges. Eg Local resistance to specific YP services from established services.

4 Anne Colquhoun. YP public health manager. Bristol

When asked YP want to have SRE and so do parents Change round to relationships and sex ed. RSE!!!! Relationships come before sex. Achieved reduction in TP rates by good Grounding for teachers in PHSE High level commitments from partner organisations . And from elected members through scrutiny day including YP

Multiagency training essential so all delivering same messages and have understanding of other functions of services.
Dedicated PHSE /RSE posts to deliver training

5 Minister for public health
Anna Soubry

Praises local authorities on reducing TP rates Sexual health framework just published Questions for minister on how schools tackle SRE when it is not mandatory from government.
Q on Science education where reference to sex education is removed a plea to her to lobby education minister School based clinics are brilliant Acknowledged education reforms don't support PHSE in school and is in conversation with Education department.

(Also praised Rotherhams can do attitude on Obesity services)

Alison Hadley Director Teenage Pregnancy Knowledge Exchange. University of Bedfordshire Training for all practioners in youth service,teachers etc all who are involved with YP in order to take a pathway approach inc pregnancy testing , children's centres 2nd pregnancy. Not just targeted approach but integrated across all YP Recommends reading Ofsted report on serious case review. Recommends Looking after Young parents supporting them in accord with Marmot principles.

Key themes emerging

It is worth continuing to invest in TP services to continue to achieve downward trend.

Services should be integrated, accessible, young people friendly, with access to good PHSE in all schools, age appropriate. We should adopt a holistic approach to promoting young people sexual health and Wellbeing health and Wellbeing boards are well placed to show leadership.

Elected members could demonstrate commitment and leadership via scrutiny, ?
Health and lives joint review.
Need to adopt a partnership approach especially in the current economic climate.

Judy Dalton
Sent from my iPad